

### Report Information

Award Type	Award Number	Prime DUNS	Calendar Yr/Qtr	Final Report
Grant	WIEBT-ARRA-09-DE-02	103989187	2012 / 2	No

### Award Recipient Information

<b>Recipient DUNS Number</b>	103989187	<b>Recipient Address 1</b>	417 FEDERAL ST STE 1
<b>Recipient Account Number</b>	S9-05-14-04	<b>Recipient Address 2</b>	
<b>Recipient Congressional District</b>	00	<b>Recipient City</b>	DOVER
<b>Parent DUNS Number</b>	042258020	<b>Recipient State</b>	DE
<b>Recipient Type</b>	2F.VW	<b>Recipient ZIP Code + 4</b>	199013635
<b>Recipient Legal Name</b>	EXECUTIVE OFFICE OF THE GOVERNOR OF DELAWARE	<b>Recipient Country</b>	USA
<b>Recipient DBA Name</b>	DIVISION OF PUBLIC HEALTH		

### Project / Award Information

<b>Funding Agency Code</b>	12F2	<b>Total Number of Sub Awards less than \$25,000/award</b>	0
<b>Awarding Agency Code</b>	12F2	<b>Total Amount Sub Awards less than \$25,000/award</b>	0.00
<b>Program Source (TAS) Code</b>	12-3504	<b>Total Number of Sub Awards to Individuals</b>	0
<b>Sub Account Number for Program Source</b>		<b>Total Amount of Sub Awards to Individuals</b>	0.00
<b>CFDA Number</b>	10.578	<b>Total Number of Payments to Vendors less than \$25,000/award</b>	0
<b>Amount of Award</b>	250000.00	<b>Total Amount of Payments to Vendors less than \$25,000/award</b>	0.00
<b>Award Date</b>	09/16/2009		
<b>Award Description</b>	The award is to determine the feasibility, cost benefit analysis and planning for the implementation of the electronic benefit transfer ( EBT). The planning award will help Delaware WIC program determine the business requirements for EBT, the retailer capabilities and analyze the State's network and abilities		

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## Project Information

Project Name or Project/ Program Title	Activity Codes (NAICS or NTEE-NPC) (up to 10)
WIC EBT Planning	
<b>Quarterly Activities/ Project Description</b>	<b>Activity Code 1</b> 541512
The IAPD Project remains on schedule. The vendor has completed Phase 1 and Phase 2 of the EBT IAPD. The Project Steering Committee is currently reviewing these phases. Phase 1 and Phase 2 include the following topics: WIC EBT Project description, Cost Allocation Plan, State Agency and Contractor Assurances, Pilot Project Retailer Management Plan, Request for Waiver of Depreciation, Security and Training Plan. Phase 3 of the IAPD is due July 13, 2012.	<b>Activity Code 2</b>
	<b>Activity Code 3</b>
	<b>Activity Code 4</b>
	<b>Activity Code 5</b>
	<b>Activity Code 6</b>
	<b>Activity Code 7</b>
	<b>Activity Code 8</b>
	<b>Activity Code 9</b>
	<b>Activity Code 10</b>
<b>Project Status</b>	
Completed 50% or more	
<b>Total Federal Amount ARRA Funds Received/ Invoiced</b>	
110941.87	
<b>Number of Jobs</b>	
0.00	
<b>Description of Jobs Created</b>	
NA	
<b>Total Federal Amount of ARRA Expenditure</b>	
120947.95	
<b>Total Federal ARRA Infrastructure Expenditure</b>	
0.00	
<b>Infrastructure Purpose and Rationale</b>	

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### Infrastructure Contact

<b>Name</b>	Joanne White	<b>Street Address 1</b>	Division of Public Health
<b>Email</b>	joanne.white@state.de.us	<b>Street Address 2</b>	655 Bay Road
<b>Phone</b>	(302) 741-2900	<b>Street Address 3</b>	Suite 1c
<b>Ext</b>		<b>City</b>	Dover
		<b>State</b>	DE
		<b>ZIP Code + 4</b>	19901 - 4615

### Primary Place of Performance

**Address 1** 655 Bay Road  
**Address 2** Suite 1c  
**City** Dover  
**Country Code** US  
**State** DE  
**ZIP Code + 4** 19901 - 4615  
**Congressional District** 00

### Recipient Highly Compensated Officers

<b>Prime Recipient Indication</b> No	<b>Officer 3 Name</b>
<b>of Reporting Applicability</b>	<b>Officer 3 Compensation</b>
<b>Officer 1 Name</b>	<b>Officer 4 Name</b>
<b>Officer 1 Compensation</b>	<b>Officer 4 Compensation</b>
<b>Officer 2 Name</b>	<b>Officer 5 Name</b>
<b>Officer 2 Compensation</b>	<b>Officer 5 Compensation</b>

### Report Audit Trail

**Created By** JOHN HARVEY POC  
**Date Created** 07/12/2012 11:26 AM  
**Last Updated By** JOHN HARVEY POC  
**Last Updated On** 07/12/2012 11:26 AM

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### Vendor Information

<b>Sub Award Number</b>	<b>Payment Amount</b>	103750.00
<b>Vendor DUNS Number</b>	<b>Product and Service</b>	The vendor will conduct a feasibility study and analysis to determine the business requirements and cost for implementing WIC EBT in Delaware.
<b>Vendor Name</b>	<b>Description</b>	
<b>Vendor HQ ZIP Code + 4</b>		
005951846		
Chaddsford Planning Associates		
19380 - 0109		

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### Vendor Information

<b>Sub Award Number</b>	<b>Payment Amount</b>	78618.00
<b>Vendor DUNS Number</b>	<b>Product and Service Description</b>	Prepare and submit IAPD
<b>Vendor Name</b>	Computer Aid Inc.	
<b>Vendor HQ ZIP Code + 4</b>	17111 - 2103	

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